



**Figure 1** Prevalence of chlamydia, gonorrhoea, and pubic lice in all patients, Department of Genitourinary Medicine, LGI, 1997–2003.

where waxing has long been part of the culture. Initially the “Brazilian” was only available at selected London salons but by 2000–1 it had become a widely available and increasingly popular waxing technique across the United Kingdom.

Although initially predominantly seen in females, extensive hair depilation, including pubic hair, has become popular in males in the past few years. This, along with reduced transmission rates from female partners, may account for the recent similar reduction in male patients.

Our findings confirm a recent fall in prevalence of pubic lice, and show that in women this coincided with the emergence of the “Brazilian.” There are obviously many important methodological flaws in this study such as not having the rates of pubic hair removal in the patients. Also, there are other possible explanations for the findings, such as patients with pubic lice having difficulty gaining clinic appointments because of the current access problems. However, we think that this is an interesting observation and that hair removal practices may have contributed to the reduction in pubic lice.

### Contributors

JDW conceived the idea; NRA collected the data, both authors wrote the paper and act as guarantors.

**N R Armstrong, J D Wilson**

Department of Genitourinary Medicine, The General Infirmary at Leeds, Great George Street, Leeds LS1 3EX, UK

Correspondence to: Dr N R Armstrong, Department of Genitourinary Medicine, The General Infirmary at Leeds, Great George Street, Leeds LS1 3EX, UK; nicola.armstrong@leedsth.nhs.uk

Ethical approval for this study was not needed as departmental figures were used for the analysis. No information about individual patients was needed.

doi: 10.1136/sti.2005.018671

Accepted for publication 3 February 2006

Funding: none

Competing interests: none.

## REVIEWS

### Oxford Handbook of Genitourinary Medicine, HIV and AIDS

Ed Richard Pattman, Michael Snow, Pauline Handy, K Nathan Sankar, Babiker Elawad. Oxford: Oxford University Press, 2005, pp 580; £24. ISBN 0-19-852077-8.

As a medical student and then a junior doctor I carried an *Oxford Handbook of Medicine* around with me like a security blanket as I stalked the wards and casualty department in the sure knowledge that it would enable me to deal with most problems after a brief thumb through its familiar pages. Indeed, I still dive into it for a brief reminder of general medicine when my brain lets me down! It was therefore with great interest that I embarked upon reading this instalment from the Oxford University Press. This book, aimed at healthcare professionals training in genitourinary medicine, is highly readable, and manages to pack a lot more material than one would guess from its diminutive size. It is successful in doing this by combining a clear layout, digestible text, and good clinical photographs.

In this handbook the authors clearly did not set out to replace the exhaustive tome of *Sexually Transmitted Diseases*; however, it does provide a good basic overview of sexual health including the spectrum of STIs, sexual dysfunction, and HIV infection. As always in a handbook it is difficult to know what to keep in or leave out. This is exemplified by the chapter on contraception which is very brief, only discussing barrier methods and emergency contraception before somewhat unexpectedly going on to cover the contraceptive needs of HIV positive women. There are, however, novel facets of the handbook that should be commended. It combines clinical detail with procedural, ethical, and medicolegal issues, giving the reader a historical as well as a practical view of life in a genitourinary medicine clinic. I especially liked the opening chapter on the genitourinary medicine service, which brings together its development in the United Kingdom and elsewhere and ends with

current day performance targets set in the national strategy for sexual health and HIV.

The long term utility of this book is assured as it fits a niche snugly, aiming itself not only at doctors but also at allied healthcare professionals working in the field, including specialist nurses and health advisers. It can be used to gain a good basic introduction or a brief recap on the subject much in the model of other Oxford handbooks and it is a lot easier to carry in your bag than *Sexually Transmitted Diseases*!

**G Sethi**

Guy's and St Thomas's Hospital, London, UK; cindy.sethi@gstt.nhs.uk

### A History of the African AIDS epidemic.

By John Iliffe. Oxford: James Currey Publishers, 2006, pp 208; £14.95. ISBN 0-85255-890-2.

Why has Africa a uniquely terrible HIV/AIDS epidemic? This was the question posed most provocatively by President Thabo Mbeki of South Africa and reiterated by John Iliffe on the opening page of this book. In the course of the 159 pages that follow, Iliffe attempts to answer it using a historical approach. His conclusion, put most simply, is that Africa has suffered from HIV/AIDS more than other continents because it had the first epidemic established in the general population. He makes a comparison between the HIV/AIDS epidemic and industrial revolutions/nationalistic movements, suggesting that the former only makes sense as a sequence.

In the first part of the book, Iliffe describes the origins of HIV-1 and HIV-2, using data derived from molecular evolutionary studies and retrospective testing of stored sera. Having established western equatorial Africa as the likely source of HIV in Africa, he then outlines migration routes for the HIV-1 virus, first to east Africa and, subsequently, to the south and to the west. Throughout these early chapters, it becomes clear that successful spread of HIV-1 requires a complicated interplay between various environmental, social, and cultural factors, such as poverty, lack of empowerment of women, migrant labour practices, civil unrest, views concerning premarital sexual intercourse, early marriage, and the use of commercial sex workers.

In the latter half of the book, Iliffe describes responses from international, governmental, and non-governmental perspectives. Many people consider the measures taken by national and international authorities in the 1980s and early 1990s as generally inadequate. Most African governments were slow to grasp the scale of the crisis and many were weak regimes faced with more immediate problems. The last chapter discusses the containment of the HIV/AIDS epidemic with revitalisation of the response to HIV/AIDS at both the global and African levels.

Overall, this is an interesting and well researched book, which offers an informative introduction to the African AIDS epidemic.

**David A Lewis,**

National Institute of Communicable Diseases, Johannesburg, South Africa; davidl@nicd.ac.za